



**EVENT AGREEMENT**  
in support of Parkinson Society British Columbia

**Contact Information**

Organizer's Full Name: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**Event Information**

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Event Venue Name: \_\_\_\_\_

Venue Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please describe your project or event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated number of participants: \_\_\_\_\_

Fundraising goal: \$ \_\_\_\_\_

How will you be promoting your event? (Check all that apply)

- |                                  |                                       |                                       |                                       |
|----------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Posters | <input type="checkbox"/> Newspaper(s) | <input type="checkbox"/> Social Media | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Web     | <input type="checkbox"/> Television   | <input type="checkbox"/> Radio        | _____                                 |
| <input type="checkbox"/> Email   | <input type="checkbox"/> Flyers       | <input type="checkbox"/> Magazine(s)  | _____                                 |

## Event Information (cont'd)

If you are donating a portion of the net proceeds from your event, rather than the full amount, to Parkinson Society British Columbia (PSBC), please specify what percentage of the net proceeds, or dollar value you will be giving:

% of proceeds: \_\_\_\_\_ OR Value of proceeds: \$ \_\_\_\_\_

I have attached a copy of my event's anticipated income & expenses:  Yes  No

*Note: If PSBC is assisting with your event's income & expenses, you will be required to sign-off on what has been discussed.*

Will the Society be required to issue tax receipts?  Yes  No

If 'Yes', please describe who you would like to issue tax receipts to:

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If you would like for your event to be listed on Parkinson Society BC's website, please submit a one paragraph profile of the event, and a related photograph or two (if available):

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Parkinson Society British Columbia wishes to thank you for volunteering your time to organize a fundraising event/project benefiting the Society. As we currently receive no government funding, we rely on the generous support of individuals and corporations like you to help provide critical funds for programs, support services, advocacy efforts and research contributions.

As we want to help ensure your event is a success, we advise that advanced planning is essential. We kindly request that you please complete and return this completed documentation *at least one month* prior to your event. Major fundraising events will require additional notice and planning.

**The following pages detail our fundraising agreement. Please review carefully, and check each section's corresponding box indicating that you have read and agree to the terms.**

## TERMS OF AGREEMENT

### Insurance, Liability & Event Costs

- I understand that Parkinson Society British Columbia (PSBC) is not responsible for any costs associated with running my fundraising event/campaign/project.
- I understand that PSBC cannot insure my fundraising campaign and associated events, and acknowledge that I am responsible to properly complete and adhere to municipal, provincial and federal laws, by-laws and permits. This is inclusive of any appropriate permits and licenses (i.e., sale of alcohol, raffles, etc.). Information on how licensing may be obtained through the B.C. Gaming Policy and Enforcement Branch can be found at [www.gaming.gov.bc.ca](http://www.gaming.gov.bc.ca). Check with the Liquor Control and Licensing Branch in your city for special event and liquor licensing.
- I understand that, where possible, PSBC may provide staff or volunteer support, depending on available resource.

### Donations & Budgets

- I understand and agree that all donations I raise, minus any applicable expenses, will be retained by PSBC and applied to critical programs, services, advocacy efforts and research contributions.
- I understand and agree that it is my responsibility to keep track of my budget, donations and fundraising totals, and to make copies of all such paperwork for submission to PSBC. I understand that I must submit all paperwork and funds raised to PSBC within 30 days of my fundraiser concluding. *Please make all cheques payable to Parkinson Society British Columbia.*
- I understand and agree that if PSBC is assisting in the development and review of my event's budget, that I will be required to sign-off on it prior to promotion of the event.
- I understand that all donations, donor information and fundraising reports must adhere to PSBC's Privacy Policy, with no exceptions.

### Tax Receipts

- I understand that the issuing of tax receipts must adhere to Canada Revenue Agency (CRA) guidelines, and that in some situations, activities or components related to my event may not be eligible for tax receipts.
- Due to potential underwriting benefit I may receive, I understand that PSBC will not be able to issue tax receipts for personal contributions that I may give towards my own fundraising campaign, in accordance with Canada Revenue Agency (CRA) guidelines.
- Tax receipts for donations of \$20 or more may be available in certain situations, such as where one donates more than the benefit received. This must be discussed with PSBC prior to any agreements being made or publicized with donors, vendors or other peoples/organizations.
- I agree that the funds received by PSBC must be at least equivalent to the amount of tax receiptable donations.
- I understand that in order for PSBC to provide tax receipts, full donor information, including first name, last name, phone number, mailing address, donation date and donation amount, must be provided.

## TERMS OF AGREEMENT (Cont'd)

### Thanking Donors

- I agree to send a thank you to each donor in a timely manner, where possible.  
*Note: In some situations, such as where PSBC is accepting fundraising dollars on your behalf through one of our peer-to-peer fundraising platforms (website), this step is not necessary. Please consult with PSBC prior to sending out any thank you letters.*
- I understand and agree that once a donation has been made, the donor information is retained by PSBC and held in accordance with PSBC's Privacy Policy.

### Event Notification & Branding

- At least 14 business days prior to a fundraising event, campaign or activity I am organizing, I agree to submit to all materials on which PSBC's logo, marks or words appear for written approval. I understand that all materials must adhere to PSBC's Branding and Graphics Standards, and that in all print and online materials, I will only use PSBC's "in support of logo".

### Sponsorship, Promotion & Media

- I understand that while PSBC is pleased to assist wherever possible, that I am primarily responsible for promoting the event, through my own personal networks and connections, to encourage attendance/participation.
- I will provide PSBC with a list of sponsors that I intend to approach for Prospect Clearance approval. I also agree not to approach any Parkinson's related pharmaceutical companies and to adhere to PSBC's Prospect Clearance Guidelines.
- I acknowledge that PSBC reserves the right to limit the sponsors I intend to approach if the Prospect Clearance for one or more of my potential sponsors is declined.
- All paper and electronic records containing personal information must and shall be destroyed after my campaign has completed. Should any personal information be lost, stolen or accessed by anyone other than me or the staff/volunteers designated by PSBC, I agree to inform PSBC and assist in taking the actions necessary to address a breach of privacy.
- Any and all records referred to in the document as being personal information or personal health information are and will remain the property of PSBC. Volunteers and staff are required to maintain the privacy and confidentiality of all records in any and all formats both while acting as an active volunteer or staff member, and after they leave PSBC.

For more information on PSBC's Privacy Policy, please visit:

<https://www.parkinson.bc.ca/about-us/privacy-policy>

## TERMS OF AGREEMENT (Cont'd)

### Additional Provisions

I understand that this agreement and waiver, and the rights and obligations of the parties, will be construed and take effect in accordance with and are governed by the laws of the Government of Canada. PSBC retains the right to withdraw its approval of, and participation in, an event if the above guidelines are not strictly followed.

**I agree and acknowledge that I am over the age of 18 years of age, or have permission of a Parent/Legal Guardian; that I have read this agreement and understand its terms and conditions, and, that if any portion of it is held invalid, the balance shall continue in full force and effect.**

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Name of Organizer or Parent/Guardian if under  
18 years old (please print)

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Name of Witness (please print)

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Signature of Organizer or Parent/Guardian

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Signature of Witness

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Date

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Date

#### Questions, comments or concerns? Please

**contact:** Caroline Wiggins

*Special Events & Fundraising Officer*

Tel: 604-662-3240

Toll free: 1-800-668-3330

Email: [cwiggins@parkinson.bc.ca](mailto:cwiggins@parkinson.bc.ca)

#### Please submit the completed documentation by e-mail, mail or fax

**to:** Champions for Parkinson's

Tel: 604-662-3240

Toll free: 1-800-668-3330

Fax: 604-682-1327

Email: [cwiggins@parkinson.bc.ca](mailto:cwiggins@parkinson.bc.ca)